

your health

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Upper Respiratory Infection: Cold or Flu?

Throw Away the Myths

Upper respiratory infections often mean that you have a cold or the flu. You can't catch a cold from wet feet and you can't get the flu from a flu shot. Colds and flu are contagious diseases passed from one person to the next.

Colds are spread through direct contact with nasal secretions from someone who has a cold. The virus enters your body through your mouth, nose or eyes. If you handle any shared objects, like a telephone or doorknob and then rub your eyes or touch your food directly, you are likely to catch the cold. Washing your hands frequently and keeping them away from your face can help prevent colds.

Flu is spread through airborne droplets from coughs or sneezes, and is very contagious indoors. For both colds and flu, the more people you are exposed to, the more likely you are to become infected. Ask your doctor if an annual flu shot is right for you.

Taking Care of Colds and Flu

Viruses don't respond to antibiotics, therefore they won't cure your cold or flu. Over-the-counter medications will help relieve your symptoms, but you should always follow directions carefully. If you have any health concerns in addition to a cold or flu, check with your doctor before taking medications. If you have the flu and are age 65 or older, have a chronic health condition or begin to have difficulty breathing, call your doctor or call Optum® to speak with a registered nurse.

When It Gets Worse

At times, complications develop, and a cold or the flu may become bronchitis or pneumonia. These complications are caused by bacterial infections and, unlike colds or flu, will respond to antibiotics.

For either cold or flu, call your doctor if complications develop, such as:

- High fever
- Ear pain
- Severe sore throat
- Difficulty breathing
- Coughing up green, yellow or brown
- Mucus

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Taking Your Medication Safely

Understanding your medication is an important part of staying in charge of your health. The use of both prescription and over-the-counter medications requires careful attention. These tips can help you make the most of your medication:

- **Follow all of your doctor's instructions regarding your medication.** Read and follow any directions or warnings on over-the-counter drugs.
- **Ask as many questions as you need to feel confident when you speak with your doctor or pharmacist.** Make sure to tell him or her about allergies or any other health conditions.
- **Be sure your doctor knows about all medicines that you take.** If you see more than one doctor, be sure they all know. Include over-the-counter items such as acetaminophen, laxatives, antihistamines, vitamins and herbal supplements.
- **At the pharmacy, check the label on the bottle or package.** Were you given the correct medicine? Make sure that you can read the instructions easily. If not, ask the pharmacist for a label that's easier to read.
- **Keep track of your medication with a chart.** List the name, how much to take, when to take it, the doctor who prescribed it and any special directions, such as "take with meals."
- **Use a pill "reminder" case that has compartments for each day of the week.** These often are available in drug stores.
- **You may feel side effects when you start a new medication.** Or, they can happen even after you have been taking it for a while. Seek immediate care if you develop difficulty breathing, wheezing, difficulty swallowing or other severe symptoms. For more minor symptoms such as mild nausea or diarrhea, call your doctor before taking your next dose.
- **Don't stop taking your medication unless your doctor says to do so.**
- **If you skip a dose, don't assume it's safe to double the next dose.** Check with your doctor or pharmacist. Find out what to do before this happens. Then add that information to your medication chart.
- **Call your doctor if you mistakenly take an extra dose of medication.** Or, you can call your pharmacist or the Poison Control Center.
- **Consult your doctor before taking any other medicine when taking a prescription medication.** Some over-the-counter drugs may interfere with prescription medications. Others may be safe to use. Don't ever guess! Find out for sure.
- **Remember, alcohol and medications don't mix.**

Common Cigar-Smoking Myths

Do you know the facts about smoking cigars? If you're like many people, you might believe that they're safer than cigarettes. Learn the truth about the dangers of cigar smoking.

Most of us know about the dangers of cigarettes. Unfortunately, when it comes to cigars, many smokers aren't aware of the risks. That's because there are so many myths about cigar smoking.

Myth: Cigars aren't as harmful as cigarettes.

Fact: Smoking cigars can cause some of the same cancers as cigarettes. These include cancers of the lips, tongue, mouth, throat and esophagus. Cigar smoking may also cause cancer of the pancreas. It narrows blood vessels and limits the flow of blood to the heart. This is especially true during exercise and times of stress. Smoking cigars also increases your risks for heart disease and respiratory diseases like emphysema.

Myth: Most cigar smokers don't inhale, so there's no risk of cancer.

Fact: Even if you don't inhale, you are still exposed to cancer-causing ingredients. If you don't inhale, you are still seven to

10 times more likely than nonsmokers to develop cancer of the mouth and throat. You also double your risk for lung cancer, and increase your risk for vocal cord cancer. These risks greatly increase if you inhale.

Myth: Cigars aren't as addictive as cigarettes.

Fact: Because of its size, one cigar can have as much nicotine as several cigarettes. Whether or not you inhale, you still absorb nicotine through the lining of your mouth. Unlike cigarettes, cigars usually don't have filters or tips. This means you absorb nicotine when the cigar comes in contact with your lips - whether or not it's lit.

Myth: Secondhand cigar smoke isn't as harmful to the environment as cigarette smoke.

Fact: Cigar smoke has the same harmful ingredients as cigarette smoke, but at higher levels. They linger in the air much longer than cigarette smoke. It usually takes less than 10 minutes to smoke a cigarette, but an hour or more to smoke a large cigar. Studies show that secondhand smoke increases the risk of cancer, heart attack and heart and lung disease in nonsmokers.

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The Dangers of Secondhand Smoking

Environmental tobacco smoke (ETS) is commonly called secondhand smoke. Smoke from the burning end of cigarettes, pipes or cigars and smoke exhaled from smokers contains more than 4,000 substances, more than 40 of which are known to cause cancer in humans and animals. It is classified as a Group A carcinogen by the EPA, a rating used for substances proven to cause cancer in humans. (Group A carcinogens also include radon and asbestos.)

Exposure to secondhand smoke, also called involuntary smoking or passive smoking, is concentrated indoors where ETS is often the most significant pollutant. Indoor levels of the particles you may inhale (the "tars" in the cigarettes) from ETS often exceed the national air quality standard established by the Environmental Protection Agency (EPA) for outdoor air.

According to the American Cancer Society, ETS causes about 3,400 lung cancer deaths and about 46,000 deaths from heart disease each year in healthy nonsmokers who live with smokers. Nonsmokers living in the household are also more likely to get asthma and other respiratory problems, eye irritation and headaches.

Special risks for infants, children and pregnant women

Infants and young children whose parents smoke are among the most seriously affected by exposure to secondhand smoke. They are more likely to suffer from asthma pneumonia, bronchitis, ear infections, coughing, wheezing, and increased mucus production.

In infants and children under 18 months of age, secondhand smoke is responsible for 150,000 to 300,000 lower respiratory tract infections, according to the American Lung Association (ALA). This results in 7,500 and 15,000 hospitalizations in that age group each year.

Babies living with parents who smoke also have a greater chance of dying of sudden infant death syndrome (SIDS). The ALA estimates that secondhand smoke causes 1,900 to 2,700 sudden infant death syndrome (SIDS) deaths in the U.S. annually.

Pregnant women exposed to passive smoke are more likely to have babies with lower birth weights.

Minimizing exposure to secondhand smoke

- Don't smoke in your home or permit others to do so.
- If a family member smokes indoors, increase ventilation in the area by opening windows or using exhaust fans.

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